



VIIBRYD PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 Year

NOTE: If Viibryd is approved, the starter kit is only approvable for new starts (members being titrated on Viibryd therapy).

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with a diagnosis of major depressive disorder (MDD)
- AND*
- ❖ Member must have tried and failed at least one medication from two of the following groups: 1. SSRI (citalopram, escitalopram, fluoxetine, sertraline, paroxetine) 2. SNRI (venlafaxine, desvenlafaxine, duloxetine) 3. Miscellaneous Antidepressants (bupropion, mirtazapine)

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.